

**RENEWAL REGISTRATION APPLICATION****Form Code: PSS\_RR Fee Code: 111****Application Fee - \$20.00**Check or Money Order payable to:  
Treasurer, Commonwealth of Virginia  
Or apply online:[www.dcjs.org/privatesecurity/watson.cfm](http://www.dcjs.org/privatesecurity/watson.cfm)**Application Fees are Non-Refundable****COMMONWEALTH OF VIRGINIA***Department of Criminal Justice Services***Private Security Services Section****P.O. Box 10110****Richmond, VA 23240-9998****Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity)****Status Hotline: (804) 786-1132 or 1-877-9STATUS**1. Applicant Name: \_\_\_\_\_  
Last Name First Name MI2. Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yy3. Mailing Address: \_\_\_\_\_  
Number and Street City/Town State Zip

4. Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

6. E-Mail Address: \_\_\_\_\_

7. Are you currently employed by a Private Security Business ☐ Yes ☐ No

If yes, Business Name: \_\_\_\_\_ DCJS ID# 11- \_\_\_\_\_

8. Has your current registration expired? ☐ Yes\* ☐ No

**If Yes**, you may reinstate your registration providing this application is completed, all renewal requirements are met; and the applicable nonrefundable application fee and additional reinstatement fee of **\$10.00** is submitted to the department within 60 days following the expiration date of your registration. If 60 days has elapsed, this application cannot be processed and **initial** registration requirements will need to be met.

9. Registration Category(s) Requested: (Check all applicable categories)

- |  |   |
|--|---|
| <input type="checkbox"/> Private Investigator              | <input type="checkbox"/> Alarm Respondent                         |
| <input type="checkbox"/> Personal Protection Specialist    | <input type="checkbox"/> Central Station Dispatcher               |
| <input type="checkbox"/> Security Canine Handler           | <input type="checkbox"/> Electronic Security Technician           |
| <input type="checkbox"/> Unarmed Security Officer/Courier* | <input type="checkbox"/> Electronic Security Technician Assistant |
| <input type="checkbox"/> Armed Security Officer            | <input type="checkbox"/> Electronic Security Sales Representative |
| <input type="checkbox"/> Armored Car Personnel*            |   |

**Note: If you carry or have immediate access to a firearm in the performance of your duties, you will need to apply for and be issued a firearms endorsement (Form PSS\_RF).**

\*Unarmed Security Officers must submit a fingerprint application and fingerprint cards if not previously submitted within the past 12 months. Armored Car Personnel are required to submit fingerprints and a fingerprint processing application upon each renewal of their registration. Form PSS\_FP.

<input type="checkbox"/> Yes	Course Name: _____ Date Completed: _____ mm/dd/yy
	Course Name: _____ Date Completed: _____ mm/dd/yy
	Course Name: _____ Date Completed: _____ mm/dd/yy

(if additional space is needed, please attach a separate piece of paper)

11. Have you **been convicted** or **found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the past two years? ☐ Yes\* ☐ No

12. Are you currently registered or certified in a private security category in any other state or jurisdiction?

13. Have you committed any act or omission which resulted in a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

14. Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy